For Ecology Use

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Fee Paid #10.00

Date 3/5/98

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4 of Section Township Range(E/W) Coun	y L	below:		
		Lot	Block	Subdivision
SW4 NW/4 25 11 28E FRAN	11.11	.)		
	KLIN			
For Ecology Use Date Received: 3/5/98 Priority Date: 3	KLIN			
SEPA Exempt		18		
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App #1 of 3

PPDA7 App. #10f3

Appl. No.: 8 33014

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PROVIDE DOCUMENTATION. THIS IS ONE OF 3 ACTER NATIOE OR COMBINATION Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.) A. Number of "connections" requested: Type of connection B. Are you within the area of an approved water system?	A.	Name of system, if named:
C. Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION, THIS IS DOS OF 3 ALTER DATE OF CONSTRUCTION THIS IS DOS OF SHAPE WAY TO BE CONSTRUCTED OF CONSTRUCTION THIS IS DOS OF SHAPE WAY TO BE CONSTRUCTED OF CONSTRUCTION OF SHAPE WAY. Section 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION (Completed for all domestic/public supply uses.) A. Number of "connections" requested:	В.	
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Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department. Complete C. and D. only if the proposed water system will have fifteen or more connections. C. Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan. Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.) A. Total number of acres to be irrigated. List total number of acres to be covered by this application: Use Acres Use Acres Use Acres Acres Use Acres Acres Use Acres Acres Use	A.	Number of "connections" requested: Type of connection
C. Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan. Please attach the current approved version of your plan. Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.) A. Total number of acres to be irrigated. B. List total number of acres for other specified agricultural uses: Use	В.	Are you within the area of an approved water system? YES NO If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by
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Please attach the current approved version of your plan. Section 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION (Complete for all irrigation and agriculture uses.) A. Total number of acres to be irrigated. 3.67 B. List total number of acres for other specified agricultural uses: Use	C.	Washington State Department of Health? ☐ YES ☐ NC
A. Total number of acres to be irrigated: 3.67 B. List total number of acres for other specified agricultural uses: Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use Acres Use	D.	
B. List total number of acres for other specified agricultural uses: Use Acres		
Use	A.	Total number of acres to be irrigated: 3.67
Use	B.	List total number of acres for other specified agricultural uses:
 D. Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s). 1. Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no: Farm uses: Farm uses: Farm uses: The property of t		UseAcres
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2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ⋈ No If yes, enter permit no:	D.	Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application;
E. Farm uses: Stockwater - Total # of animals Animal type HOLSE / BURROF dairy cattle, see below) Dairy - # Milking # Non-milking		2. Do you have a controlling interest in a Family Farm Development Permit? ☐ YES ➤ NC
	E.	Farm uses: Stockwater - Total # of animals Animal type HORSE / BURROF dairy cattle, see below) Dairy - # Milking # Non-milking

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Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water? EYES - NO STORAGE TANK SUFFICIENT TO MIMNIAMN HEAD NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology. Section 9. DRIVING DIRECTIONS Provide detailed driving instructions to the project site. From PASCO GO NORTH ON TAY LOR FLATS ROAD TO FIR, LEFT AND WEST TO NORTH COLUMBIA RIVER RUAD (ON RIVERSHORE), SOUTH TO 2131 ADDRESS CABOUT 2.2 MILES DOWN STREAM) Section 10. REQUIRED MAP Attach a map of the project. (See instructions.) SEE SURVEY WITH MARKED LOCATION OF SOURCE Section 11. PROPERTY OWNERSHIP Does the applicant own the land on which the water will be used? XYES - NO If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): Does the applicant own the land on which the water source is located? B. If no, submit a copy of agreement: McNary Project - Corps of ENGINEERS, ALL PERMITS TO-BE-OBTAINED. I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with oseph W Broths t (or authorized representative) 2/27/28

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SAME
Landowner for place of use (if same as applicant, write "same")

Date

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	ţ,						
We are returning your application for the following reason(s):							
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128					
Section number(s) is incomplete	/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE					
Explanation:							
The same of the first state of the same of							
Please provide the additional information requested above and return your application by(date).							

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

To receive this document in alternative format, contact Lisa Newman at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

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